

*Thorax*, Lungs, substance healthy but somewhat congested. Evidence of recent pleurisy on right side, the pleura covering the lower lobe of right lung adherent in patches to parieties. No fluid in pleural cavity.

*Heart*: right side full of blood, right auricle nearly filled by a large clot, the attached half being ante-mortem in formation and connected to the muscoli pectinati. Left side, mitral valve tubular in character, and constricted so as not to allow the finger to pass through, and ossific deposits on the attached margin of the valves. Aortic valves much thickened and uneven, one spot having the appearance as if there had been detachment of substance. Small shreds of fibrin were found entangled in the columnæ carnæ of the left ventricle.

*Cranium*, structure of brain and membranes, with the exception of the part affected, in a remarkable healthy condition, being well developed. On section only the left corpora striata was found altered, its substance being softened and presenting numerous small hemorrhagic spots irregularly disposed, the difference being well seen by comparison with the opposite corpora striata. The arteries of the base were as usual empty and their coats healthy, with the exception of the left middle cerebral and its branches, these latter were filled with a recent thrombus. From the transparency of the vessel the point of inspection of the embolus was well seen, being at the part of a lighter color and easily distinguished from the dark color of the thrombus which afterwards formed both in front of the embolus and in the branches of the vessel.

I have but few remarks to make concerning this case. The subject of embolism has been treated so extensively of late years that the facts recited explain themselves so that it would be superfluous for me to dwell at any length upon them. Whether the cardiac affection dated from the fever, or subsequently was due to the exertion of walking across the ice, the history does not show. No doubt the condition was considerably increased by the latter event, as the symptoms of following days would indicate.

No atheromatous degeneration of the vessels existed, so that the embolus must have been fibrine, its formation being due to the condition of the mitral valves favoring deposition of that substance. That the embolus had been formed on, and detached from, the aortic valves is proved by the absence of the murmur which had existed previous to the occurrence of hemiplegia. This murmur was peculiar, it was a soft burring sound as if the substance producing it was but slightly attached and therefore readily

thrown into vibration. Once detached, its course can be easily followed. Carried by the current of blood, its gravity would project it against the opening of the left carotid, and then up into the middle cerebral, one of the most common sites in which emboli are lodged. It was unfortunate that the embolus became impacted at the point where the small branches are given of which supply the corpora striata, thereby excluding the establishment of collateral circulation through them and suspending the function of the ganglion by anemia. Collateral circulation had occurred to a slight extent as shown by the improvement in the symptoms the day following the attack, and also from the branches of the vessel being entirely filled with a thrombus, as this latter must have been gradually formed from the blood derived by anastomosis. The want of nutrition and consequent degeneration soon destroyed all function. Hæmorrhage occurring, gave rise to the signs of compression; and it is astonishing that such small spots as here existed should give rise to such grave symptoms when it has been observed that large portions of the anterior or middle lobe may be destroyed by hæmorrhage without causing such serious effects. The clonic spasms are also interesting, as I find it stated that they are rare in cases of hæmorrhage confined to the cerebral substance. I would mention, in conclusion, a peculiarity in connection with the aortic valves; the post mortem showed that the valves were much thickened and uneven, yet after the occurrence of hemiplegia and the loss of burring sound, there was nothing to indicate that these valves were in any other than a healthy condition. This fact was noticed by Dr. Fuller, for after I had explained that such a sound as described had been there, he remarked that there was no murmur in that region now, that is at the time of the consultation.

*Acute Pleuritis, terminating in Suppuration—Paracentesis Thoracis.* By CHARLES LAFONTAINE, L.C.P. and S.L.C., of Chambly, Q.

The characters of this disease are well described by authors, and the nature of the treatment is so well known, that I need not occupy space with them. I am, however, induced to send you brief notes of a case which in its results have been eminently successful. M. G., a miller by trade, aged 57 years, and of good constitution, came under my care, having been ill previously for four days with symptoms indicating inflammation of the pleura. He had had severe chills, with severe pain of a lancinating character on the right side of the